

GENERATION AND MANAGEMENT FORM ANSWER SHEET

Please enter your RCRA Site ID number and your site name in the small box at the right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams. Then complete one answer sheet for each waste stream.

PLEASE ENTER:

YOUR SITE ID #: WAD 986-986-848

Site name: King County International
Airport Maintenance

FOR ECOLOGY USE ONLY:

Date received: _____

Reference the instructions on pages 21 through 30 as you complete this form. Please type or print legibly in blue or black ink.

A. Description of Dangerous Waste Stream			
A-1. _____ (optional)			
A-2. <u>Discarded Jet Fuel</u>			
A-3. <u>D O O I</u>		A-4. _____	
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	A-7. A <u>89</u>	
A-8. B <u>310</u>	A-9. <input type="checkbox"/> i <input checked="" type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v (If v, answer A-9.a.)		
A-9.a. M <u>039</u>			
B. Waste Management Activities			
B-1. <u>245</u> <input type="checkbox"/> ST <input type="checkbox"/> MT <input type="checkbox"/> P <input type="checkbox"/> K <input checked="" type="checkbox"/> G <input type="checkbox"/> L <input type="checkbox"/> C (If G, L, or C, answer B-1.a.)			
B-1.a. <u>9</u> <input checked="" type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity <input type="checkbox"/> Lbs/yd ³			
B-2. <input type="checkbox"/> On-site <input checked="" type="checkbox"/> Off-site <input type="checkbox"/> Both			
B-3. _____ M _____		B-3a. <input type="checkbox"/> Yes <input type="checkbox"/> No	
B-4. i. Designated Facility (TSDR) ID Numbers <u>Prime Environmental</u> <u>Pollution Control Ind.</u> <u>IND000646943</u>	ii. System Code M _____ M _____ M <u>IND000646943</u> M <u>NA</u>	iii. Quantity _____ _____ _____ <u>245 gal</u>	iv. Recycling Percent _____ _____ _____ <u>NA</u>

2001 GM

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